



REDEEMER LUTHERAN SCHOOL

6970 Mineola Rd • Englewood FL 34224
Phone 941-475-2410 • FAX 941-475-9726

HOME OF THE BEARS

COVID-19 RELEASE AND WAIVER OF CLAIMS ADDENDUM

The undersigned, in my capacity as parent or legal guardian, hereby acknowledges the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognizes that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of Redeemer Lutheran School and Child Care Center.

As such, and in consideration for education and child care services to be provided by Redeemer Lutheran School and Child Care, Englewood, FL, the undersigned, for myself and my minor children enrolled in the School and Child Care Center, fully assume all of the risks associated with participation in the School and Child Care Center, including the possibility of COVID-19 (or the novel coronavirus) community spread.

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING REDEEMER LUTHERAN SCHOOL AND CHILD CARE, ENGLEWOOD, AND ITS SCHOOL BOARD, ADMINISTRATORS, DIRECTORS, TEACHERS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO, EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren).

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING REDEEMER LUTHERAN SCHOOL AND CHILD CARE, ENGLEWOOD AND ITS SCHOOL BOARD, ADMINISTRATORS, DIRECTORS, TEACHERS, EMPLOYEES AND VOLUNTEERS FROM THE CLAIMS.

Parent Name (please print)

Parent Signature

Date

Child(ren) Name(s):

